



## ENGAGEMENT AND COORDINATION WITH LOCAL HOMELESS RESPONSE SYSTEMS

[Michigan.gov/Coronavirus](https://Michigan.gov/Coronavirus)

### Guidance for Local Public Health (LPH) and Emergency Management (EM)

Michigan had more than 65,000 individuals experience homelessness in 2018, with approximately half of that population being adults and children in families. Areas of concentrated populations have greater numbers of homeless, but every community in the state has homeless individuals. Rural communities have few shelters, therefore, homeless may live in outdoor encampments, vehicles or temporarily stay with friends, family or acquaintances (i.e. couch surfing).

A recent national study attempting to model the impact of COVID-19 on the homeless population predicts that when compared to the general population, individuals experiencing homelessness are twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times as likely to die. The homeless population are especially vulnerable during this time due to underlying physical and health concerns and lack of access to healthcare and sanitation facilities. The State of Michigan has provided guidance to homeless shelters on how to plan, prepare and respond to COVID-19. See attached.

Traditionally, homeless shelters only provide overnight accommodations. With the shelter in place directive, shelters have been asked to remain open 24 hours a day to limit community movement. This has created several challenges including inadequate funding to operate on a 24/7 schedule, staff shortages, and the inability to provide three meals a day to clients. Shelters are having difficulty accessing basic and necessary supplies (thermometers, gloves, face masks, disinfectant wipes and other cleaning supplies) to screen clients daily and maintain sanitary conditions. Shelters do not have medical expertise on staff and are concerned about what to do with clients who have COVID-19 symptoms. Many shelters are not structurally set up for adequate isolation and quarantine, and most bathroom facilities are shared.

Local public health departments and local emergency preparedness staff should work with their local homeless shelters to ensure proper screening protocol is in place, that shelters have implemented appropriate social distancing, and to resolve the issues of supplies and isolation and quarantining spaces.

#### Why is it important to coordinate with local homeless shelters?

The homeless have several risk factors which make them more susceptible to COVID-19 transmission and for passing the virus:

- Sheltered and unsheltered homeless have limited access to hygiene products and sanitation facilities.
- Local homeless shelters are congregate facilities with very limited resources. Most bathrooms are shared; most are set up in a dormitory style to maximize capacity.
- Homeless individuals tend to have multiple physical and mental health disabilities that impact their general health.

- The homeless population is trending older – seniors are the fastest growing sub-population.

## What can LPH and EM do to help?

1. Local homeless shelters need your help to establish an appropriate triage process for intake, assessment, isolation and quarantine of homeless individuals and families – including those who are healthy, those who are symptomatic, those who are COVID-19 positive, and those who are recuperating. Examples from multiple communities across the country are available for reference:

*State of California Department of Public Health Recommended Protocols for COVID-19 response for individuals experiencing homelessness:*

- <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/flowchart-COVID19-homelessness.pdf>

*Questions to assist local homeless response systems and public health to coordinate response for homeless individuals:*

- <https://files.hudexchange.info/resources/documents/Questions-to-Assist-CoCs-and-Public-Health-Authorities-to-Limit-the-Spread-of-Infectious-Disease-in-Homeless-Programs.pdf>
2. Local public health and emergency management should assist homeless shelters with identifying and securing locations and healthcare staff who can operate isolation and quarantine sites, and provide observation for clients in shelter or motels.
  3. Local homeless shelters need to understand public health protocols when facilities must be closed due to infection so they can develop contingency plans including back-up staffing, alternative locations and communication. Leadership and guidance from local public health and emergency management to develop these contingency plans is critical.

## How can LPH and EM connect with local homeless shelters?

MDHHS contracts with The Salvation Army (TSA)– Eastern Michigan Division to administer its Emergency Shelter Program (ESP). TSA has four regional managers detailed across the state who can assist in locating and connecting with homeless shelters in your community. Contact information is attached to this document.

## How can local homeless response systems be helpful to LPH and EM?

Shelters and agencies in a local homeless response system are skilled at communicating with clients, including de-escalation and motivational interviewing. Most have already established relationships with clients that can help with building trust. Staff are familiar with encampment locations and common gathering areas of local homeless. Staff can help clients with documentation and referrals to other community resources.

## Michigan COVID-19 Response – Information to Assist the Homeless

<https://www.michigan.gov/mcteh/0,8782,7-349-78543-522105--,00.html>